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CONFIRMATION NO. 6039

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/634,553	08/05/2003	435	1657	29452/39269
RULE				

APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

F REQUIRED, FOREIGN FILING LICENSE GRANTED **

11/01/2003

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	4	27	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

04743

TITLE

Protocol and apparatus for determining heparin-induced thrombocytopenia

FILING FEE RECEIVED 503	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
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